SUMMARY
NH INTERFACILITY TRANSPORT SUMMIT
MARCH 11, 2005
LANCASTER, NH

New Hampshire Hospitals and EMS agencies are experiencing the pressure of more patients needing to be transported to tertiary care facilities. These patients have a higher level of acuity, are on increasingly sophisticated equipment and medications, and require at least one highly trained provider during transport. At the same time the EMS industry is experiencing shortages of personnel and the demand to provide more expensive resources without an adequate source of revenue to pay for them.

In March 2005, the NH Department of Safety, Division of Fire Standards & Training and Emergency Medical Services hosted a summit to discuss common transport issues among the hospital and EMS stakeholders, brainstorm on solutions and provide direction for the NH Bureau of EMS. It must be recognized that the scope of the problem is multi-faceted and there is no simple fix. Effective solutions require a team approach and an understanding of each other's perspective and cultures. This summit brought hospital administrators, clinical leaders, EMS management and critical care transport providers together to begin solving the problem.

INDENTIFICATION OF BARRIERS

The general areas of barriers to efficient interfacility transport that were identified by the group as a whole were:

- Staffing
- Availability / coordination of resources
- Funding / reimbursement
- Availability & coordination of hospital resources

Breakout groups were assigned to address specific barriers within the general areas. A large number of issues were articulated in each area. This list was condensed by combining similar issues and by prioritized by group discussion, polling and consensus. The results of that activity are listed below.

STAFFING

- Pay and number of EMT's (at all levels)
- Allied Health Provider use
- Availability of local education (clinical experience, training)
- Retention (both prehospital & hospital)
- Skills maintenance / continuing education

AVAILABILITY / COORDINATION OF RESOURCES

- Transporting units BLS

- Transporting units ALS
- Lack of communication
- Personnel availability
- Effective time & use of units
- Universal knowledge of all provider capabilities

FUNDING / REIMBURSEMENT
- Decreasing federal funding for municipal (and private) services
- Funding of communication systems and technology
- Costs vs. reimbursement
- Medicare / Medicaid / Uninsured

AVAILABILITY & COORDINATION OF HOSPITAL RESOURCES
- Real-time communication of available resources
- Variability of protocols for care and transfer
- Lack of consistency of hospital resources

BRAINSTORMING PROCESS

Breakout groups were assigned to brainstorm on potential solutions to the barriers identified above. Breakout groups were heterogeneous in nature with a mix of EMS and hospital professionals. Each breakout group rotated through the four areas identified as barriers. It was emphasized that the brainstorming process takes advantage of group dynamics to achieve suggestions that otherwise might not be identified. No idea was discarded in this process because even an idea not likely to happen can have some merit and can stimulate further ideas.

STAFFING
- Better awareness of local services by hospital
- Sharing providers?
    - Compensation? Insurance? Billing?
- License modification – allied health (regulation change)
- Technology to coordinate availability
    - Prioritization
    - Web-based
- Lower the cost of EMT training (closer to home)
- Hospitals contribute to courses
- Cross-train hospital staff
- Conduct skill maintenance programs
- More money = more providers
- Appropriate use of skills
- Increase pay/benefits of under served area
- Promote/recruit through schools (EMS as a career)
- Offer retirement plan
- Free benefits to providers
- Hospitals can employ EMS to increase skills
- Have schools offer First Responder courses (Explorer programs)

- Non-discrimination based on ability to pay [I think this means EMS education]
- State, regional or community recognition of EMS

AVAILABILITY / COORDINATION OF RESOURCES

- Decision tree – algorithm for what resources are really needed
- Define resources
- One phone number to call to determine where the closest or most appropriate EMS is available. Regional Coordinator for both EMS and hospital
- Integrate RNs into EMS transport
- Seek funding sources for Regional Center, with plan to include all hospital & EMS parties
- Set up contracts between hospitals and EMS providers to define roles, responsibilities, incentives
- Expand use of paramedics in the hospital for interfacility transports
- Combining services between multiple agencies – on-call system, stipend system
- Promote recruitment through local schools to introduce concept of a career in EMS
- Change licensing to allow allied health to do other services (i.e. EMT to do home health, RN to assist EMS)
- Coordination of statewide database that lists all providers who are willing to be on-call
- Tertiary care centers should have one position dedicated to providing info to EMS re. patient needs

FUNDING / REIMBURSEMENT

- EMS be more professional about philanthropy
- Increase local taxes to subsidize EMS
- Lobbying: State, national, community levels, third party payors
- Educate legislators on EMS issues
- Collaborate/manage assets to decrease costs
- Make consumers more aware of EMS
- Pursue grants and other funding opportunities
- Funding pool to pay for uncompensated transports (seat belt fines)
- Private sponsors
- Consolidate for economies of scale
- Focus on improving a subset of patients then widen the scope after success
- Transfer services subcontract through hospital
- Discounts or sliding scale for self-pay
- Subscription services
- Pursue federal govt. sources for education & technology (grants)
- Lobby legislation for dedicated transfer funds
- Join a bigger advocacy group
- Address disconnect with federal grants and private services (public/private partnership)
- Hospitals pay/subsidize on-call service
- Do a better job of matching patient needs with requests for resources
- Do a better job collecting data regarding costs, including direct & indirect (on-call) costs

- Better address issues of patient-preference initiated transports
- Make the case more professionally with data & science to decision makers
- Increase revenue via public health and injury prevention (will require research, data & advocacy to change reimbursement)
- Don't let billable items slip through the cracks, do a better job of billing

AVAILABILITY & COORDINATION OF HOSPITAL RESOURCES

- Database link of resources with daily availability of hospital & prehospital resources
- Real-time web site with:
    - Bed availability (dynamic)
    - Personnel capability (dynamic)
    - Clinical capabilities (static)
- Goal to achieving definitive care as close to home as possible
- Diversion protocols?
- Coalition to work on the region's non-tertiary care hospital's abilities to accept transfers of complicated patients
- Some entity that can "hunt" for resources rather than ED staff
- Designated hospital transfer person with knowledge of interfacility transfers
- Private EMS staffing agencies based on the travel nurse of agency nurse model
- Central dispatch agency – homeland security funding, user friendly
- Incentive for transport – CME?, $, RVUs for transport
- Look at other state's models

COALITION BUILDING

Following the presentation of the results of the breakout session brainstorming, the group as a whole discussed the concept of establishing coalitions to help pursue solutions. This effort was broken down into three of the four areas that were identified as barriers. Availability and coordination of resources of both hospital and prehospital were combined.

STAFFING
NH Board of Nursing
ACEP
ACS COT
NH Hospital Association
NH Municipal Association
NH Legislators
North Country Council
North Country Health Consortium
Office of Rural Health Policy
NH Nursing Home Association
NH Ambulance Association
NH Medical Control Board / EMS and Trauma Coordinating Board
NH Trauma Medical Review Committee
NH EMS Coordinators Group
NH Nurses Association
Grafton County Committee

All EMS-related Associations in NH (NHPA, PFFNH, NHAFC, NHAEMT)
Rotary & Lions Clubs
State Board of Education
Emergency Management
E911

AVAILABILITY / COORDINATION OF RESOURCES
In addition to others on the previous list consider adding:
Travelling EMS companies (agencies)
DHS Disaster Management Data Initiative

FUNDING / REIMBURSEMENT
In addition to others on the previous lists consider adding:
Insurance companies
AAA
Healthy Communities
Congressional delegation

NEXT STEPS

- Collate information from the Summit distribute to participants and post on NHBEMS website
- Convene smaller multidisciplinary group from Summit attendees who have expressed an interest in continuing participation
    - Begin prioritizing
    - Work on “low hanging fruit”
    - Provide direction to NHBEMS and any regional initiatives

For any questions or comments regarding this project please contact Clay Odell, Trauma Coordinator, NHBEMS at 603-448-4927 or via email at codell@safety.state.nh.us